

PARAMETERS AND GUIDELINES
Health and Safety Code section 10901(a), (b), (c)
Chapter 1603, Statutes of 1990

Perinatal Services

I. SUMMARY OF MANDATE

Health and Safety Code section 10901, subdivisions (a), (b), and (c), **as** added by Chapter 1603, Statutes of 1990, (Chapter 1603/90), requires each county to perform the following:

- (a) Each county shall establish protocols between county health departments, county welfare departments, and all hospitals in the county, regarding the application and use of an assessment of the needs of, and a referral for, a substance exposed infant to a county welfare department pursuant to Section 11165.13 of the Penal Code.
- (b) The assessment of the needs shall be performed by a health practitioner, as defined in Section 11165.8 of **the Penal Code**, or a medical social worker. The needs assessment shall be performed before the infant is released from the hospital.
- (c) The purpose of the assessment of the needs is to do all of the following:
 - (1) Identify needed services for the mother, child, or family, including, where applicable, services to assist the mother caring for her child and services to assist maintaining children in their homes.
 - (2) Determine the level of risk to the newborn upon release to the home and the corresponding level of services and intervention, if any, necessary to protect the newborn's health and safety, including a referral to the county welfare department for child welfare services.
 - (3) Gather data for information and planning purposes.

II. COMMISSION ON STATE MANDATES DECISION

At its hearing of February 25, 1993, the Commission determined that **Health and Safety Code section 10901, subdivisions (a), (b), and (c) as added by Chapter 1603/90, does** impose a new program or a higher level of service in an existing program upon local agencies within the meaning of Government Code section 17514 and section 6 of article XIII B of the California Constitution.

The Commission also determined that the addition of Health and Safety Code sections 10900 and 10902, and Penal Code section 11165.13, the amendment of Penal Code section 11166, and the enactment of the State Health and Welfare Agency Model Needs Assessment Protocol do not impose a new program or higher level of service in an existing program upon local agencies within the meaning of Government Code section 17514 and section 6 of article XIII B of the California Constitution.

III. ELIGIBLE CLAIMANTS

All counties that incur increased costs as the result of this mandated program are eligible to claim reimbursement of those costs .

IV. PERIOD OF REIMBURSEMENT

Section 17557 of the Government Code requires test claims to be submitted on or before December 31 following the fiscal year in which costs were incurred in order to establish eligibility for reimbursement for that fiscal year.

Chapter 1603, Statutes of 1990, became effective January 1, 1991. The test claim for this mandated program was filed by the County of Fresno on July 15, 1991. Therefore, reimbursement claims may be filed for costs incurred on or after January 1, 1991.

NOTE: Penal Code sections 11165.13 and 11166 became operative July 1, 1991. The Commission determined that these two sections did not impose reimbursable program activities.

Actual costs for one fiscal year should be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to Government Code, section 17561 (d) (3), all claims for reimbursement of costs shall be submitted within 120 days of notification by the State Controller of the enactment of the claims bill.

If the total costs per claimant for a given fiscal year do not exceed \$200.00, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

V. REIMBURSABLE COSTS

(a) Scope of the Mandate

Counties shall be reimbursed for the increased costs which they are required to incur to ensure needs assessments and referrals are performed for substance-exposed infants prior to release from a hospital.

Protocols are to be established between county health departments, county welfare departments, and all hospitals in the county to ensure needs assessments and referrals are performed.

Needs assessments are to be performed by a health practitioner, as defined, or a medical social worker. The purpose of the needs assessments includes all of the following: (1) identify needed services for mother, child, or family, including, where applicable, services to assist the mother caring for her child and to maintain the child in the home, (2) determine the newborn's risk level upon release to the home and the corresponding level of services and intervention, if **any**, necessary to protect the newborn's health and safety, and (3) gathering of data for information and planning purposes

Referrals shall be to county health and welfare departments for maternal, child and family health and welfare services.

(b) Reimbursable Activities

For each eligible claimant, the following cost items are reimbursable:

1. One-time only costs incurred in establishing protocols between county health departments, county welfare departments, and all hospitals in the county.
2. Costs incurred for first-line direct program supervision and quality assurance.
3. 'Costs incurred in identification of **substance-**exposed newborns by an employee in the health care setting, in accordance with hospital protocol.
4. Costs incurred for an initial screening and a more detailed needs assessment, as indicated, by health practitioner, as defined in Penal Code section 11165.8, or medical social worker prior to release from the hospital and identifying needed services for the mother, child, or family, including, where applicable, suggested services to maintain children in their homes.
5. Costs incurred for referral of a child and family to county health and welfare departments, when substance abuse affects the ability of the mother to be an effective parent. Referrals solely regarding suspected child abuse are not reimbursable activities.

6. Costs incurred for determining through the needs assessment the level of intervention and future services, if any, necessary to protect the newborn's health and safety. This decision-making activity is restricted to the time period in which the needs assessment is being completed before the infant is released from the hospital.
7. Costs incurred for data collection, analysis and planning, as required by a state agency and as necessary for completion of the needs assessment before release of a substance exposed infant from the hospital.

Allowable costs include salary and benefits (including clerical costs), services and supplies, postage, travel, laboratory costs, contract costs, overhead, and related costs that are incurred in discharge of this mandated program.

VI. CLAIM PREPARATION

Each reimbursement claim should show the actual increased costs incurred by the local agencies in complying with this mandated program. Actual costs for one fiscal year should be included in each claim. All claims for reimbursement of costs shall be submitted within 120 days of the issuance of the claims and instructions by the State Controller. If the initial costs do not exceed \$200, no reimbursement shall be allowed except as otherwise provided by Government Code section 17564. Each claim for reimbursement pursuant to this mandate must be timely filed and set forth a listing of each item for which reimbursement is claimed under this mandate.

Description of Activity

claimed costs must be allocated according to the components of reimbursable activity described in Section V.B.

Supporting Documentation

Claimed costs should be supported by the following information. Detail and supporting documentation should be kept at the county level.

1. Employee Salaries and Benefits

Identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study.

2. Services and Supplies

Only expenditures which can be identified as a direct cost of the mandated program can be claimed. List cost of materials which have been consumed or expended specifically for the purposes of this mandate, including travel costs.

3. Allowable Overhead Costs

Indirect costs may only be claimed in the manner described by the State Controller in his claiming instructions, and utilizing county-approved indirect cost rate, if applicable.

VII, SUPPORTING DATA

For auditing purposes, all costs claimed must be traceable to source documents and/or worksheets that show evidence of the validity of such costs. These documents must be kept on file by the agency submitting the claim for a period of no less than three years from the date of the final payment of the claim pursuant to this mandated program, and made available on request of the State Controller or his agent,

VIII. OFFSETTING SAVINGS AND OTHER REIMBURSEMENT

Any offsetting **savings** that claimant experiences as a direct result of this mandated program must be deducted from the costs claimed. In addition, reimbursement specifically received from this mandate from any non-local source (e.g., federal or state grant) shall be identified and deducted so only net local costs are claimed.

Reimbursement claims submitted for costs incurred in providing services to Medi-Cal recipients under this mandated program must also be reduced by the amounts of any funds received for the provision of those services from: (a) the Federal government pursuant to Chapter 1179, Statutes of 1991 (SB 910); and (b) the State and/or Federal government under the provisions of the Medi-Cal program.

IX. REQUIRED CERTIFICATION

The following certification must accompany the claim:

I DO HEREBY CERTIFY under penalty of perjury:

THAT the foregoing is true and correct;

THAT Sections 1090 to 1096, inclusive of the Government Code and other applicable provisions of law have been complied with; and

THAT I am the person authorized by the local agency to file
claims for funds with the state of California.

Signature of Authorized Representative

Date

Title

Telephone Number